

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE										LOCAL FILE NO.											
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE		NO. OF VEH. PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																			
IN COUNTY OF WARREN				IN <input checked="" type="checkbox"/> CITY				LEBANON				DATE OF CRASH: DAY		10/16/14		THU			TIME: MILITARY		1235								
CRASH OCCURRED ON				Lot of Colony Square				WITHIN THE INTERSECTION OF																					
IF NOT IN INTERSECTION				(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)								CITY CODE				8321													
LOG-1		LOG-2		LOC		JUR		FH9		FILT																			
A		UNIT NO.		1		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT		Allstate	
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				Brooks, Jessica				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				842 Sterling Dr. Lebanon OH																	
PHONE NO.		513-212-3938		BIRTH DATE		10/6/94		AGE		20		SEX		F		SOCIAL SECURITY NO.				STATE		OH		DRIVER'S LICENSE NO.		QE912808		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				Same				ADDRESS								PHONE													
VEH YR		09		MAKE		Mazda		MODEL		45		COLOR		Blue		STYLE				STATE		OH		LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR	
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8		UNIT NO.		2		NO OF OCCUPANTS		1		OPERATING		<input checked="" type="checkbox"/>		PARKED		<input type="checkbox"/>		DRIVERLESS		<input type="checkbox"/>		HIT & RUN NON CONTACT		<input type="checkbox"/>		INSURANCE CO. OR AGENT		safeco	
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				Bartlett, Lynn				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)				515 Miller St. Lebanon OH																	
PHONE NO.		513-315-3522		BIRTH DATE		12/22/60		AGE		53		SEX		F		SOCIAL SECURITY NO.				STATE		OH		DRIVER'S LICENSE NO.		RG581884		OCCUPATION	
OWNER (IF SAME AS DRIVER, WRITE SAME)				Bartlett, Jeffrey				ADDRESS				Same				PHONE													
VEH YR		11		MAKE		Cadi		MODEL		25		COLOR		Black		STYLE				STATE		OH		LICENSE PLATE NO.		TAILORD		VEH/PED DIR	
CIRCLE DAMAGE AREAS				9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE				AGE		POSITION		INJURIES													
				ADDRESS				PHONE				SEX		A B C D E F		A B C D E F													
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE				AGE		SEX		A B C D E F		A B C D E F											
				ADDRESS				PHONE				SEX		A B C D E F		A B C D E F													
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)				BIRTHDATE				AGE		SEX		A B C D E F		A B C D E F											
				ADDRESS				PHONE				SEX		A B C D E F		A B C D E F													
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				ADDRESS				PHONE				SEX		A B C D E F		A B C D E F													
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DATE REPORT FILED		10/16/14		PHOTOS		YES		OFFICER'S NAME		Morris		BADGE NO.		131		CHECKED BY													
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